

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

FOR CLERK'S USE ONLY

Representing Self, without a Lawyer or Attorney for Petitioner OR Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of Guardianship for:

Case Number PB: _____

ANNUAL REPORT OF GUARDIAN

Name of the Protected Person, the WARD

DUE: _____ - _____ - _____
Month Date Year

Instructions to Guardian: Arizona law (A.R.S. §14-5209(B)(5) and §14-5315), and Arizona Rules of Probate Court Procedure Rule 30(c) requires every guardian of a protected or incapacitated adult or minor to advise the court each year regarding their Ward. Complete this report each year and file it on or before the date listed in the Order or if no date is specified, on or before the anniversary date of the "Letters of Appointment". *When complete, mail to:*

Probate Court Administration: 125 West Washington, Phoenix, Arizona 85003

You must **also** mail a copy of the report to anyone else who has "appeared" in the case and fill out the Declaration of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date of mailing. Refer to the document "[Instructions: How to Fill out the Probate Court Annual Report of Guardian](#)" to make sure you have completed this report correctly and completely and that you have provided copies to all persons required by law.

I am the Guardian and make these statements:

1. REPORTING PERIOD: This annual report covers the period

FROM: _____ - _____ - _____ TO: _____ - _____ - _____
Month Date Year Month Date Year

2. Information about the Ward, the protected or incapacitated person:

Ward's Name: _____
Ward's Date of Birth: _____ Telephone: _____
Ward's Address: _____
Ward's email: _____

3. Living Situation:

A. Describe the residential situation where the Ward lives (private home, boarding home, nursing home, etc.)

B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.

Name of Person in Charge: _____
Name of Facility: _____
Address: _____
Telephone Number: _____
Email Address: _____

C. PRIMARY WEEKDAY LOCATION: Monday-Friday, 8:00 A.M. TO 5:00 P.M., that the Ward can usually be found at: (List full address below)

4. PHYSICIANS: Please list the name of the ward's primary physician, and any other medical specialists the ward has seen during the past year.

Doctor's Name: _____
Doctor's Address: _____
Doctor's Telephone Number: _____
Doctor's Email Address: _____

Doctor's Name: _____
Doctor's Address: _____
Doctor's Telephone Number: _____
Doctor's Email Address: _____

Specialist's Name: _____
Specialist's Address: _____
Specialist's Telephone: _____
Specialist's Email Address: _____

5. Ward's PHYSICAL and MENTAL HEALTH.

A. Date the Ward was last seen by a doctor: _____

B. Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.

C. Attach a copy of the doctor's report about the Ward's current physical and mental condition.

6. ABOUT the Ward's GUARDIAN.

Guardian's Name: _____

Guardian's Address: _____

Telephone Number: _____

Email Address: _____

7. GUARDIANSHIP STATUS.

A. Number of visits the Guardian has seen the Ward in the last 12 months: _____

B. Date of the last visit: _____

C. The Guardian's opinion about whether the guardianship should continue: (Explain.)

8. ASSET MANAGEMENT: Who is the person responsible for managing the Ward's assets?

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

9. BENEFITS RECEIVED: Does the ward receive any local, county, state, or federal agency benefits? (SSI, AHCCS, Medicaid, Food stamps) Please describe below:

AGENCY	CASEWORKER/CONTACT	TYPE OF BENEFIT

10. SERVICES RECEIVED: Does the ward receive any local, county, state, or federal agency services? If so, write in the name(s) of the agency, the contact name, and describe the services received by the ward.

AGENCY	CASEWORKER/CONTACT	TYPE OF SERVICE

11. DECLARATION OF MAILING: I state to the Court under penalty of perjury that I mailed this Annual Report of Guardian to the following people at the following address(es) on this Month/Day/Year:_____.

UNDER PENALTY OF PERJURY:

By signing below, I state to the Court that the contents of this *Annual Report of Guardian* are true and correct to the best of my knowledge and belief.

DATED: _____

Signature of Guardian

PRINTED Name